

## AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to health insurance coverage for children's hearing aids.

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BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1221, to read as follows:

376.1221. 1. Every health carrier, as defined in section 376.1350, offering health benefit plans that are delivered, issued for delivery, continued, or renewed after January 1, 2005, shall provide coverage for hearing aids and associated hearing evaluations and consumable supplies that are prescribed and dispensed by appropriately licensed professionals to dependent children through age nineteen under a policy, contract, or plan.

2. The hearing aids covered pursuant to this section shall:

(1) Be an electronic, wearable device designed for the purpose of aiding or compensating for human hearing loss and any parts, attachments, or accessories, including earmolds; and

(2) Be of a design and circuitry to optimize audibility and listening skills in the environment commonly experienced by children.

3. The coverage provided by this section shall include coverage for replacement hearing aids for the child at least once

every three years.

4. A health carrier subject to this section shall not cap the benefit payable for hearing aids to less than one thousand two hundred fifty dollars per hearing aid for each ear with a hearing loss. An insured or enrollee may choose a hearing aid that costs more than the benefit payable and may pay the difference between the cost of the hearing aid and the benefit payable without financial or contractual penalty to the provider of the hearing aid.

5. Nothing in this section shall prohibit a health carrier from providing coverage that is greater than or more favorable to enrollees than the coverage provided by this section.

6. Coverage and benefits related to the health care services required by this section shall be at least as favorable and subject to the same dollar limits, deductibles and co-payments as other covered benefits or services. No health carrier subject to this section shall request or require hearing acuity information from or about persons applying for coverage.

7. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies of six months or less duration, or any other supplemental policy as determined by the director of

the department of insurance.

8. The director of the department of insurance may promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2004, shall be invalid and void.